

Beth Israel Lahey Health



Beth Israel Deaconess Medical Center

PGY1 Pharmacy Residency Program Manual

2020-2021



BIDMC PGY1 Pharmacy Residency Manual (2020-21)
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**Beth Israel Deaconess Medical Center
PGY1 Pharmacy Residency Program 2020-21**

Purpose Statement

The Post Graduate Year one (PGY1) Pharmacy Residency Program at Beth Israel Deaconess Medical Center (BIDMC) builds upon Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists who are: responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY1 Pharmacy Residency Program 2020-21

**ASHP Required Competency Areas
For Postgraduate Year One (PGY1) Pharmacy Residencies**

- R1: Patient Care
- R2: Advancing Practice and Improving Patient Care
- R3: Leadership and Management
- R4: Teaching, Education, and Dissemination of Knowledge

BIDMC Additional Required Competencies

- E1: Pharmacy Research
- E5: Management of Medical Emergencies
- E6: Teaching and Learning

BIDMC PGY1 Residency Program 2020-21

ASHP Required Competency Areas, Goals, and Objectives For Postgraduate Year One (PGY1) Pharmacy Residencies and Additional BIDMC Competencies

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

- Objective R1.1.1: Interact effectively with health care teams to manage patients' medication therapy.
- Objective R1.1.2: Interact effectively with patients, family members, and caregivers.
- Objective R1.1.3: Collect information on which to base safe and effective medication therapy.
- Objective R1.1.4: Analyze and assess information on which to base safe and effective medication therapy.
- Objective R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
- Objective R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
- Objective R1.1.7: Document direct patient care activities appropriately in the medical record or where appropriate.
- Objective R1.1.8: Demonstrate responsibility to patients.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

- Objective R1.2.1: Manage transitions of care effectively.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

- Objective R1.3.1: Prepare and dispense medications following best practices and the organization's policies and procedures.
- Objective R1.3.2: Manage aspects of the medication-use process related to formulary management.
- Objective R1.3.3: Manage aspects of the medication-use process related to oversight of dispensing.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

- Objective R2.1.1: Prepare a drug class review, monograph, treatment guideline, or protocol.
- Objective R2.1.2: Participate in a medication-use evaluation.
- Objective R2.1.3: Identify opportunities for improvement of the medication-use system.
- Objective R2.1.4: Participate in medication event reporting and monitoring.

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

- Objective R2.2.1: Identify changes needed to improve patient care and/or the medication-use systems.
- Objective R2.2.2: Develop a plan to improve the patient care and/or medication-use system.
- Objective R2.2.3: Implement changes to improve patient care and/or the medication-use system.
- Objective R2.2.4: Assess changes made to improve patient care or the medication-use system.
- Objective R2.2.5: Effectively develop and present, orally and in writing, a final project report.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

- Objective R3.1.1: Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.
- Objective R3.1.2: Apply a process of on-going self-evaluation and personal performance improvement.

Goal R3.2: Demonstrate management skills.

- Objective R3.2.1: Explain factors that influence departmental planning.
- Objective R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.
- Objective R3.2.3: Contribute to departmental management.
- Objective R3.2.4: Manage one's own practice effectively.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

- Objective R4.1.1: Design effective educational activities.
- Objective R4.1.2: Use effective presentation and teaching skills to deliver education.
- Objective R4.1.3: se effective written communication to disseminate knowledge.
- Objective R4.1.4: Appropriately assess effectiveness of education.

Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

- Objective R4.2.1: When engaged in teaching, select a preceptors' role that meets learners' educational needs.
- Objective R4.2.2: Effectively employ preceptor roles, as appropriate.

Competency Area E1: Pharmacy Research

Goal E1.1 Conduct and analyze results of pharmacy research.

- Objective E1.1.1: Design, execute, and report results of investigations of pharmacy-related issues.

Competency Area E5: Management of Medical Emergencies

Goal E5.1 Participate in the management of medical emergencies.

- Objective E5.1.1: Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.

Competency Area E6: Teaching and Learning

Goal E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.

- Objective E6.1.1: Explain strategies and interventions for teaching, learning, and assessment in healthcare education.
- Objective E6.1.2: Explain academic roles and associated issues.

Goal E6.2 Develops and practices a philosophy of teaching.

- Objective E6.2.1: Develop a teaching philosophy statement.
- Objective E6.2.2: Prepare a practice-based teaching activity.
- Objective E6.2.3: Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.
- Objective E6.2.4: Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.

**Beth Israel Deaconess Medical Center
PGY1 Pharmacy Residency Program 2020-21
Administration and Governance**

PGY1 Pharmacy Residency Program	
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<u>BIDMC PGY2 Residency Program Directors</u>	
<p>Ifeoma Mary Eche, Pharm.D., BCPS, BCCCP, CAC Clinical Manager, Critical Care PGY2 Critical Care Residency Program Director Beth Israel Deaconess Medical Center 617.754.3854 ieche@bidmc.harvard.edu</p>	
<p>Christopher McCoy, PharmD, BCPS, BCIDP Clinical Manager, Infectious Diseases/Antibiotic Stewardship PGY2 Infectious Diseases Residency Program Director Beth Israel Deaconess Medical Center 617.754.3817 cmccoy@bidmc.harvard.edu</p>	
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<u>MCPHS University</u>	
<p>Judy Cheng, PharmD, MPH, FCCP, BCPS, RPh Professor and Interim Chair, Department of Pharmacy Practice Pharmacy Practice MCPHS University 179 Longwood Avenue, Boston, MA 02115 617.732.2868 judy.cheng@mcphs.edu www.mcphs.edu</p>	

BIDMC PGY1 Residency Leadership and Governance

PGY1 Pharmacy Residency Program Director

The PGY1 Pharmacy Residency Program Director (RPD) is responsible for the general leadership and administration of the PGY1 Residency Program. Key program leadership responsibilities includes, but are not limited to:

- Organization and leadership of a residency advisory committee that provides guidance for the residency program's conduct and related issues;
- Oversight of the progression of residents within the program and documentation of completed requirements;
- Implementation of criteria for appointment and reappointment of preceptors;
- Evaluation, skills assessment, and development of preceptors in the program;
- Creating and implementing a preceptor development plan for the residency program;
- continuous residency program improvement in conjunction with the residency advisory committee;
- Providing direction and oversight of the residency program, including maintaining the responsibility for the implementation and adherence to appropriate residency accreditation standards, regulations, education and policies; and
- Collaborating and working with pharmacy administration.

The RPD may designate a Residency Program Coordinator to serve as a leadership partner who will collaborate and participate in the leadership of the residency.

PGY1 Residency Program Coordinator

The Residency Program Coordinator (RPC) serves in a leadership and overall supportive role within the PGY1 residency program. They will assist the PGY1 Residency Program Director (RPD) with duties/activities that will ultimately contribute to the success of the residents and to the program.

Description of Responsibilities:

- Leads Residency Advisory Committee meetings.
- Collaborates with RPD and teams to schedule resident's activities; e.g. new resident orientation and training, staffing schedules, etc.
- Assists with the coordination of PharmAcademic (i.e. constructing rotation schedules and preceptor coordination).
- Collects resident project ideas from clinical managers / clinical pharmacists and compiles a final list prior to the residency calendar year.
- Collaborates with PGY1 Resident Advisors to assess progress of the residents and achievement of goals and objectives. Assists RPD to ensure completion of quarterly evaluations and updates to resident's individual development plans.
- Participates in recruitment activities (i.e. local/national residency showcases, recruitment material updates, website updates). Assists with coordinating residency program candidate interviews.
- Assists with program quality improvements and continuous program evaluations (provided by resident feedback, preceptor feedback, RAC Retreat, etc.).

BIDMC Residency Advisory Committee

The Residency Advisory Committee (RAC) governs the residency program. The committee is comprised of preceptors and members of the Pharmacy Administrative Group. The Committee is chaired by the RPD and/or RPC and meets at least monthly to review and discuss the progress of the residents and the program at large. Interactive feedback within the committee is utilized to direct the resident in his/her current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. The committee will recommend modifications to the residents' schedule as necessary. Each member of the RAC is expected to:

- Act as an advocate for the resident.
- Provide expertise for the residency project (when possible) or identify other appropriate resources
- Provide feedback and suggestions on improving current rotation sites, as well as identifying future potential rotation sites
- Provide feedback and suggestions on the current structure of the residency program, and offer possibilities for future direction

PGY 1 Pharmacy Resident Advisor

Mentoring and advising are key elements of the BIDMC PGY1 Pharmacy Residency Program. The Residency Advisory Committee governs the residency program and is designed so that the resident will be afforded the opportunity to meet regularly with the committee members at large to discuss and receive feedback on their progress within the residency program and address any issues or concerns that may arise. To provide the resident with the opportunity for individualized mentoring and advising, the RAC will work with each incoming resident to coordinate the selection of an individual Resident Advisor for the academic year.

The principle role of the Resident Advisor is to act as a personal contact for the resident in all matters dealing with the successful completion of the PGY1 residency program. The Resident Advisor will work with the resident to develop their residency plan and will monitor the plan's progress. The resident and advisor will collaborate and determine the degree of contact and involvement necessary to meet these objectives. Key areas that will be focused on include: advice on projects (initiation, completion, deadlines etc.), elective rotation selection, time management, professional interpersonal relationships and conflict, career opportunities after residency and any other residency-related issues that may arise. The Resident Advisor will collaborate with the RPD to complete the resident's quarterly assessments.

Determination of a Resident Advisor will be made in alignment with the determination of the resident project. In general, the project advisor works closely with the resident throughout the year and is the most appropriate RAC member to fulfill the mentoring and advising role that is central to the Resident Advisor position.

Should circumstances during the residency year warrant reevaluation of the selection of a resident's advisor, discussion with and approval by the RPD will be required before any changes are made.

PGY 1 Pharmacy Resident Staff Mentors

Partnering with a staff mentor is intended to provide the resident with a support system as they transition into their role as a pharmacist in the department and the medical center at large. Staff mentors will assist in answering the resident's questions and providing professional and personal guidance and feedback to the resident throughout the year.

BIDMC PGY1 Pharmacy Residency Program Structure 2020-21

Core Rotation Options	Preceptor
Infectious Diseases (5 weeks)	Ryan Chapin, PharmD, BCIDP; Nick Mercuro, PharmD, BCIDP
Internal Medicine (5 weeks)	Kristen Knoph, PharmD, BCPS; Nicholas Edmonds, PharmD; Alexa Carlson, PharmD, BCPS
Medical Intensive Care (5 weeks)	Mehrnaz Sadrolashrafi, PharmD, BCCCP; Gabrielle Cozzi, PharmD, BCCCP
Medication Safety (4 weeks)	May Adra, PharmD, BCPS
Pharmacy Practice (4 weeks)	Nicholas Edmonds, PharmD and Clinical Pharmacy Staff
Teaching: MCPHS Internal Medicine APPE (6 weeks)	Pharmacy Staff TBD
Elective Rotation Options (4-5 weeks)	Preceptor
Cardiology	Jennifer Bui, PharmD, BCPS; Kelly Nguyen, PharmD, BCPS
Disease Specific Ambulatory Clinics (e.g. Anticoagulation, Cardiology/Heart Failure, Infectious Diseases, Oncology, Primary Care, Solid Organ Transplant)	TBD per Clinical Practice Area
Emergency Management/Toxicology	Eli Phillips, PharmD; Holly Reed, PharmD
Hematology/Stem Cell Transplant (BMT)	Stephanie Clark, PharmD, BCOP
Hepatology	Katelyn Richards, PharmD, BCPS; Kaitlyn Zheng, PharmD
Infectious Diseases II: Antibiotic Consult Service or Stewardship	Ryan Chapin, PharmD, BCIDP; Nick Mercuro, PharmD, BCIDP
Oncology (Inpatient)	Stephanie Clark, PharmD, BCOP
Solid Organ Transplant	Katelyn Richards, PharmD, BCPS; Kaitlyn Zheng, PharmD
Specialized ICUs:	
Cardiac Intensive Care	George Abdallah, PharmD, BCCCP
Surgical Intensive Care	Pansy Elsamadisi, PharmD, BCPS, BCCCP
Trauma Intensive Care	Sandra Rummyantsev, PharmD, BCCCP
Other Critical Care Units	Critical Care Team
Required Longitudinal Activities/Learning Experiences	Preceptor
Pharmacy Management/Leadership/Safety <ul style="list-style-type: none"> Formulary/Leadership/Project Management 	Katherine Cunningham, PharmD, BCPS; Pharmacy Admin Team
Pharmacy Services <ul style="list-style-type: none"> Pharmacy Orientation/Training Staffing: One evening / wk, one weekend/ mo Code Response Training/Participation 	Christine Huynh, PharmD / Diane Soulliard, PharmD, BCPS Christine Huynh, PharmD / Nicholas Edmonds, PharmD Sandra Rummyantsev, PharmD; Holly Reed, PharmD
Resident Report	Residency Advisor Committee Members
Teaching <ul style="list-style-type: none"> Facilitate MCPHS Therapeutics Seminar MCPHS University Resident Teaching Certificate Program (RTCP) 	Snehal Bhatt, PharmD, BCPS MCPHS University Faculty
Interdisciplinary Management and Communication <ul style="list-style-type: none"> Participate in P&T Committee meetings (2) Attend Administrative Leadership Meeting (1) Participate in Medication Safety Meeting/s (1) Participation in Departmental and Rotation-Coordinated Hospital Committee Meetings 	Katherine Cunningham, PharmD, BCPS Katherine Cunningham, PharmD, BCPS May Adra, PharmD, BCPS Residency Preceptor
Drug Information / Communication <ul style="list-style-type: none"> Drug Information Questions Journal Club Eastern States Research Project Presentation ASHP Midyear Poster Presentation Continuing Education Presentations (1) 	Residency preceptor (DI aligns with resident report/ rotations) Residency preceptor (Aligns with resident report/ rotations) Residency preceptor/ K.Cunningham, PharmD, BCPS Residency preceptor/ K.Cunningham, PharmD, BCPS
Residency Projects <ul style="list-style-type: none"> MUE Residency Research Project Eastern States/P&T/MCPHS Presentations 	Residency Preceptor/s, RPD

BIDMC PGY1 Residency Program Requirements 2020-21

Successful completion of the BIDMC PGY1 Residency Program requires the achievement of the required ASHP Residency Program Residency Learning System Outcomes, Goals and Objectives. Each resident is required to achieve all required and selected elective residency goals by the end of the residency year. Progress towards achieving these goals will be monitored at least quarterly by the Resident Advisor in conjunction with the RPD.

The following are detailed descriptions of required activities:

1. Participation in Residency Orientation/Training Program: **Start of Residency**
A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. This orientation period is to introduce the incoming residents to the BIDMC Department of Pharmacy, the BIDMC Medical Center at large, MCPHS University; and to outline the expectations for the residency year.
2. Department of Pharmacy Practice-Service: **July 1st – June 30th**
 - Each resident is required to complete a pharmacy service component of the residency program. Often referred to as "staffing," the service component of the residency is crucial to the development of professional practice and distribution skills so as to provide safe and effective pharmaceutical care.
 - Residents will gain insight into the operations, policies and procedures of an acute-care facility.
3. Rotations- Core and Elective: **July 1st - June 30th**
 - Each resident is responsible to complete a defined number of core clinical and management rotations as well as a determined number of elective rotations. Rotations will be evaluated using the PharmAcademic web-based software tool.
 - One week prior to each rotation, the resident will submit their pre-rotation goals in PharmAcademic so as to provide an opportunity for the preceptor to evaluate, and if possible, to design specific activities to meet the resident's goals. At the beginning of each rotation, the preceptor will provide residents with the rotation: goals and objectives, learning activities and method of evaluation.
 - Residents are responsible for coordinating their evaluations with the rotation preceptor. Rotation evaluations should be scheduled during the last week of rotation and are to be completed no later than one week following the conclusion of the rotation. Copies of the evaluation will be maintained in the resident's portfolio.
4. Medication Use Evaluation: **July-December** (per MUE Advisor)
Each resident is required to participate in and complete a Medication Use Evaluation (MUE). Topics may be pertaining to direct patient care, quality improvement; fiscal oversight or others.
5. Residency Project: **Longitudinal**
 - Each resident is responsible for the completion of residency project. The project may be in the form of original research, a problem-solving exercise, or development, enhancement or evaluation of some aspect of pharmacy operations or patient care services.
 - As a component of the project, the resident will submit the project as a work in progress for poster presentation at the ASHP Midyear Meeting.
 - Each resident will complete a project report using an accepted manuscript style suitable for publication in the professional literature.
6. Participation in Departmental and External Leadership Activities: **Longitudinal**
A number of activities and opportunities for leadership development will be scheduled throughout the residency year to foster an understanding of leadership within the department of pharmacy, within the profession of pharmacy and within the field of healthcare.

7. Participation in Drug Information Services: **Longitudinal**
 - Each resident will participate in several venues to provide drug information, which include but are not limited to Drug Information Questions, Development/update of PPGD, P & T Committee Formulary Reviews, Journal Club and other drug information activities, etc.
 - The goal of these activities is to provide the resident with experience in the provision of pertinent drug information in a number of venues.

8. Presentation of a Pharmacy CE (In-Service Program): **Date TBD**
 - Each resident will present one approved continuing education (CE) in-service during the residency program. The topic and presentation schedule will be developed in coordination with the Residency director and approved by the Residency Advisory Committee. The goal of the in-service is to improve the resident's communication skills and techniques, literature evaluation, and understanding of the continuing education process.

9. Participation in Teaching Activities: **TBD per MCPHS University Calendar**

Resident involvement in the teaching activities fosters clinical development and refinement of the resident's teaching and communication skills.

 - The residents will serve as preceptors to MCPHS University students during their 6 week Advanced Pharmacy Practice Experience. The residents will be responsible for developing the rotation goals and objectives as well as coordinating all on-site activities and evaluations.
 - The resident will actively participate as a facilitator for MCPHS University Therapeutics Seminar.
 - The resident will participate in the longitudinal MCPHS University Teaching Certificate Program.
 - Additional teaching activities may be assigned at the discretion of the RPD and MCPHS University Coordinator.

10. Participation in Recruitment Efforts: **November 2020- March 2021**
 - Each resident will assist with the new resident recruitment efforts of the department. Because each resident is an important source of information and advice for potential candidates, there will be scheduled time during the interview process for interaction with current residents.
 - Additionally, each resident is required to spend time providing information to interested parties during the Boston Residency and the ASHP Midyear Clinical Meeting Residency Showcases.

11. Attendance/Podium Presentation- Eastern States Residency Conference: **April 2021**
 - The Eastern States Residency Conference is held in the spring of the year (generally in early May) and is a forum where residents share experiences and expertise.
 - Each resident will make a presentation on his or her residency project, which will be evaluated by the Residency Director and/ or coordinating preceptor. Residents will also be reviewed by their peers and other preceptors attending the program

12. Participation in Resident Advisory Council (RAC) Meetings: **Longitudinal**
 - Residents will attend scheduled RAC meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency committee meetings, etc.
 - Meetings will be scheduled by the Director of the Residency Program.

13. Maintenance of a Residency Portfolio in PharmAcademic: **Longitudinal**

Residents will utilize the PharmAcademic Residency Portfolio to electronically maintain a record of all relevant documents demonstrating the completion of rotational and/or longitudinal assignments (Resident Report Presentations, In-services, Posters, P&T, Medication Safety Presentations, etc). These documents will be utilized as supporting evidence towards meeting and achieving the goals of the residency. Residents will maintain their portfolio on an ongoing basis and this information should be reviewed as part of the resident's quarterly evaluation. The electronic residency portfolio will be reviewed prior to the end of residency with RPD for completeness and appropriateness. Resident will not receive Certificate of Completion without a complete residency portfolio.

BIDMC PGY1 Pharmacy Residency Program 2020-21

Qualification of the Resident

Qualifications for participation in the BIDMC PGY1 Residency Program are in accordance with criteria set forth by the American Society of Health System Pharmacists (ASHP).

- Residents must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
- Residents must be licensed or eligible for licensure in order to be licensed in MA within 90 days of the commencement of the residency.
- Residents must be authorized to work in the United States on a full-time basis. Work authorization sponsorship for this position is unavailable.
- International track residents must be enrolled in and sponsored by the Saudi Arabia Culture Missions Scholarships (SACM) or Kuwait scholarship for residency.
- Residents shall participate in and obey the rules of the Residency Matching Program.

Application to the BIDMC Residency Program

Applicants to the BIDMC Residency Program will complete an electronic application in PhORCAS and submit by the application deadline. Materials to be included are:

- A one-page letter of Intent including a statement of professional goals and reasons for pursuing the PGY1 Residency
- Curriculum Vitae
- Three Letters of Recommendation
- Official transcript from accredited School/College of Pharmacy

Selection of Applicants for an On-Site Interview

Members of the BIDMC RAC will utilize a program specific applicant selection rubric to review and determine a score for each application to the program. The letter of intent, CV, scholastic record and letters of recommendation weigh highly in the review process. We also consider work experience, career goals, leadership activities, teaching experience and involvement in professional activities as important factors in our selection process. In determining the candidates for on-site interviews, input from the RAC will be used to adjust the calculated application rank score. The RPD will utilize this information to make the final decision in determining applicants that most closely match the BIDMC PGY1 program goals and opportunities at the medical center. Selected applicants will receive an e-mail of interview interest from the RPD. A predetermined list of interview dates will be sent to the candidates, and interview slots will be filled on a first-come-first-serve basis.

Interview Process

Selected candidates will be interviewed on-site and evaluated utilizing a standardized evaluation and scoring tool. The RAC will meet to review the calculated interview scores and determine the final rank list. The BIDMC RAC reserves the right to adjust the rank list based on discussion and consensus of which applicants most closely match the program goals and opportunities at the medical center. A rank list will be submitted to the Resident Matching Program.

Phase II Match

If a match for all eligible positions during Phase I is not achieved, the program will follow a similar application review process for Phase II. Candidates will be selected for a virtual interview and a rank list will be determined and submitted. If matches are not achieved during Phase II, the program will

participate in the Scramble and either offer the open position to a previously interviewed applicant who was not matched during Phase I or Phase II of the Match, without any additional interviews; or, the program may determine it will accept applications from other unmatched applicants and review their credentials. If a new candidate's credentials are determined to be acceptable, the program will interview and select a resident based upon the consensus of the review committee.

Early Decision for PGY2 Programs

Application Process: Residents may apply for a PGY2 Program at BIDMC under the early commitment process. Applications for an early commitment should be discussed with the PGY2 RPD as soon as possible. The resident must be in good standing in the PGY1 Residency Program and have completed a learning experience in the specialty area of the program for which he or she wishes to apply. Application materials (see individual PGY2 program requirements) must be submitted by the deadline for that program. Final decision will be made by the PGY2 RPD. If accepted, the early commitment letter and fees must be signed and received by the National Matching Service deadline.

Acknowledgement of Residency Match:

Residents matched to the BIDMC Residency program will receive an acceptance letter acknowledging the match and delineating the general terms and conditions of the residency. Acknowledgment in writing by the resident will constitute acceptance of the match and agreement to fulfill the duties of the residency position for the upcoming year.

Pharmacy Licensure Requirements and Verification:

Participation in the BIDMC PGY1 Residency Program is contingent on securing and maintaining a license without restriction in the Commonwealth of Massachusetts (MA).

- If a PGY1 Resident is not licensed prior to the start of the BIDMC PGY1 Residency program, the residents must obtain a MA pharmacy intern license, which they will practice under, until they pass the required examinations and receive notification that they are licensed as a pharmacist in MA.
- Residents are expected to be licensed as a pharmacist with the MA Board of Pharmacy within 90 days of the start their residency program. Should a resident not attain licensure within the 90 days, consideration may be given to extend this deadline on a case by case basis if the resident is progressing in the program, has no documented corrective action/s, and can be licensed within the next 30 days.
- Residents will be dismissed from the program if they have not obtained licensure by the corresponding date (generally November 1st) that allows 2/3 of their residency program to be completed as a licensed pharmacist.
- The resident will communicate with the RPD the status of their progress in attaining licensure and confirmation of licensure once notified by the MA Board of Pharmacy.

BIDMC PGY1 Pharmacy Residency Program 2020-21

Obligations of the Program to the Resident

The PGY1 residency at BIDMC provides a 12-month advanced education and training experience for the Pharmacy Resident. It is the intent of the pharmacy residency program to provide an exemplary environment conducive to resident learning. Program Competencies, Goals and Objectives for the BIDMC PGY1 program are in alignment with the ASHP PGY1 Residency required standards. Activities taught and evaluated throughout the program are intended to assure the desired outcomes are achieved through structured learning experiences.

Individualized Resident Plan

Flexibility has been built into the program to allow the resident to select learning experiences to meet their interests and to focus on identified areas for improvement. A customized residency plan will be designed and updated quarterly during the program for each resident based upon these criteria.

BIDMC PGY1 Pharmacy Residency Evaluations

An essential component of developing the skills of a resident and continuous improvement to the residency program is frequent two-way feedback between residents and preceptors. The goal of such discussion and interaction is to:

- Discuss the resident's achievements in terms of learning objectives established for the rotation
- Provide feedback that may assist the resident with future rotations or practice
- Provide feedback to the preceptors for continuous improvement of preceptor skills, that may strengthen mentoring during future rotations

The preceptors, program director, and residents will frequently provide feedback to one another during individual rotations, resident activities and in general throughout the residency program.

Specific program and rotation feedback may be given via different formats depending upon the learning experience. This will include both oral and written feedback and evaluation.

1. Resident Self-Evaluation:

Self-assessment and evaluation is an important component of the learning experience for the resident. For each rotation, the resident will complete pre-rotation goals in PharmAcademic prior to the start of the learning experience. It is the expectation that these goals will provide a focus for self-directed learning for the resident and will assist the preceptor in preparing an individualized plan for the resident. At the conclusion of the rotation/ learning experience, the resident will complete a summative self-evaluation of their progress and attainment in meeting the goals and objectives of that rotation in PharmAcademic. Quarterly self-evaluations by the resident should be submitted to the Resident Advisor one week prior to the scheduled review date with the Advisor.

2. Rotation Summative Evaluations:

At the end of each rotation, in addition to the resident's summative self-evaluation of his/her performance during that rotation, residents will also complete a preceptor and learning experience summative evaluation in PharmAcademic. Rotation preceptors will utilize PharmAcademic to complete an independent criteria-based, summative assessment of the resident's performance for each of the respective rotation-selected educational goals and objectives assigned to the learning experience. The resident and preceptor will meet to review and discuss these evaluations together.

3. Criteria Based Assessments:

Rotation preceptors will provide periodic opportunities for the resident to practice and document criteria-based, formative self-evaluation of aspects of their routine performance and to document criteria-based, summative assessments of achievement of the educational goals and objectives assigned to the learning experience. Feedback and evaluation of such selected activities will be

conducted throughout the residency for both rotation and longitudinal activities. These will include but are not limited to:

- Case Discussion (Primary preceptor during that experience)
- Communication (Primary preceptor during that experience/Advisor/RPD)
- Intervention Documentation (Primary preceptor during that experience/Advisor)
- Problem solving (Primary preceptor during that experience/Advisor)
- Researched DI Questions (Primary preceptor during that experience)
 - Journal Club (Primary preceptor during that experience/pharmacy staff /students)
 - Other project assignments(evaluation preceptor will be assigned)

4. Quarterly Evaluations:

These are longitudinal evaluations providing written evaluation of the resident's progress within the residency program. The quarterly evaluation will address progress towards the resident's individual residency goals and objectives as well as the required and longitudinal activities of the program. The resident will complete a quarterly self-assessment and submit this to his/her Resident Advisor one week prior to the scheduled Quarterly Evaluation meeting time with the advisor. Following the review and discussion of the quarterly evaluation between the resident and his/her Advisor, a meeting with the RPD will be scheduled to discuss the resident's overall progress and to complete the quarterly update of the resident's customized plan.

5. Residency Advisory Committee Assessments:

Throughout the residency year, the resident will seek feedback on various assignments, presentations, drug information questions, project work and other activities. Assessment by committee members will be provided in a number of formats, each contributing to the progress of the resident in achieving his/her residency goals.

6. Custom Evaluations:

Some residency experiences will be evaluated utilizing custom evaluations that are not in PharmAcademic. Resident's should maintain a copy of each evaluation and these should be filed by the resident in his/her Residency Portfolio.

7. Achieved for Residency:

Achieved for Residency (ACH-R) may only be designated by the program director based upon review and assessment of each individual resident's performance from summative evaluations. Typically, this will be considered when a resident has scored two or more scores of ≥ 4 for that objective. At least 75% of a resident's monthly or quarterly evaluations should be scored at 3-5 in order to successfully complete the residency program.

Evaluation scale definitions to be utilized in the summative rotation and quarterly evaluations:

5- Major Strength: Resident consistently demonstrates high level of performance for evaluated skill, ability, initiative, or productivity. All associated assignments are completed above the level of expectation.

4- Solid Performance: Resident demonstrates high level of performance for evaluated skill, ability, initiative, or productivity; exceeding requirements in some areas, but not consistently or not without exception. Resident is capable of independent performance the majority of the time with only minimal preceptor intervention.

3- Developing: Resident displays an understanding of evaluated skill, ability, initiative, or productivity, however he/she requires additional work to develop and sustain an effective level of performance for the evaluated skill, ability, initiative, or productivity. Resident needs occasional preceptor intervention.

2- Needs Improvement: Resident displays inconsistency in the performance of the evaluated skill, ability, initiative, or productivity review and performance frequently falls below acceptable levels. Frequent preceptor intervention is needed and development is required to meet expected performance level.

1- Unsatisfactory: Resident's performance is consistently below expectations, and/or he/she has failed to make reasonable progress toward agreed upon expectations and goals. Significant improvement is needed in most aspects of their performance. (A plan to improve performance with specified timelines must be outlined and monitored for improvement.)

PGY1 Pharmacy Residency Preceptor Requirements

In alignment with accreditation and practice standards set forth by ASHP, the BIDMC PGY1 residency program is committed to provide residency training precepted by qualified pharmacists. Criteria regarding the required minimum qualifications of preceptors include:

- Preceptors must be licensed pharmacists, and:
 - Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or,
 - Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or,
 - Without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience

- The ASHP Accreditation Standards outline the responsibilities of preceptors necessary for accreditation compliance, stating that preceptors serve as role models for learning experiences and they must:
 - Contribute to the success of residents and the program;
 - Provide learning experiences in accordance with the standards;
 - Participate actively in the residency program's continuous quality improvement processes;
 - Demonstrate practice expertise, preceptor skills, and strive to continuously improve;
 - Adhere to residency program and department policies pertaining to residents and services; and,
 - Demonstrate commitment to advancing the residency program and pharmacy services

- In addition to aforementioned requirements, the following Preceptors' Qualifications are essential prerequisites for ASHP Residency Preceptors. Preceptors must demonstrate the ability to precept residents' learning experiences as described in the following areas:
 - Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
 - Demonstrate the ability to assess residents' performance;
 - Demonstrate recognition in the area of pharmacy practice for which they serve as preceptors;
 - Maintain an established, active practice in the area for which they serve as preceptor;
 - Maintain a continuity of practice during the time of residents' learning experiences; and,
 - Demonstrate ongoing professionalism, including a personal commitment to advancing the profession.

- To ensure ongoing reflection and personal profession development in meeting the requirements of a qualified preceptor, a Preceptor Self-Assessment tool has been developed and will be completed annually by each preceptor. The RPD will utilize this information, in addition to the rotation preceptor evaluations to determine individual and program needs for preceptor development.

- Select learning experiences in later stages of the residency, (when the primary role of the preceptor is to facilitate resident learning experiences), may be precepted by practitioners who are not pharmacists (e.g., physicians, physician assistants, and certified nurse practitioners.) In these instances, a pharmacist preceptor will work closely with the non-pharmacist preceptor to select the educational goals and objectives as well as participate actively in the criteria-based evaluation of the resident's performance. Such learning experiences will be conducted only at a point in the residency when the RPD and preceptors agree that the resident is ready for independent practice. Evaluations conducted at the end of previous learning experiences will reflect such readiness to practice independently.

Preceptor and Program Development Plan

The Residency Program Director evaluates the qualifications of potential preceptors and re-evaluates current preceptors based on the ASHP Accreditation Standard for PGY1 Pharmacy Practice Residency Programs. In addition to the RPD evaluation, all residency preceptors and preceptors in training will complete an annual self-assessment survey to evaluate their practice and precepting skills. Based on these evaluations and self-assessments, the RPD will coordinate with the RAC to select and provide preceptors with opportunities to develop and enhance their precepting skills during the residency year.

Select Residency Advisory Committee Meetings, the Annual Preceptor Retreat and specific educational programs will be utilized to schedule preceptor development activities.

To complement the preceptor development programs and activities conducted at BIDMC, a wide number of Preceptor Development resources are available online and can be utilized by preceptors for their personal development. Examples include:

- Pharmacist Letter Preceptor Home: <http://www.pharmacistsletter.com> (on-line access through the schools of pharmacy)
- American Society of Health Systems Pharmacist (ASHP): www.ashp.org
- Precepting tools through the Colleges of Pharmacy (e.g. Preceptors for NEU and have e-value access and access to the Collaborative Education Institute)

To foster ongoing *individual* preceptor development, the RPD will review and provide feedback on the preceptor's rotation summaries as well as the preceptor evaluations. Preceptors will be committed to self-reflection and will make active use of feedback provided to them so as to promote continual improvement of their rotations and precepting skills. Issues identified by the RPD in any of these evaluations will be addressed by the RPD with the persons involved. Action steps and corrective actions will be identified and implemented on an as needed basis.

At least annually, the RPD in collaboration with members of the Residency Advisory Committee will consider overall program changes based on evaluations, observations, and other information.

New Preceptors and Preceptors in Training

Clinical Pharmacists who wish to become preceptors should submit their intent for consideration to the Residency Program Director (RPD). Based upon their academic and professional record, the RPD will determine if they meet the ASHP standards for qualifications of a residency preceptor or if they will be considered a preceptor-in-training while attaining the required qualifications. Preceptors-in-training will be assigned a mentor who is a qualified preceptor; and, will have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years. The preceptor candidate will maintain and submit all of the following records for consideration:

- Completed annual preceptor-self assessment form
- Review of the current residency program manual
- Review of the PharmAcademic preceptor training slides
- RAC meeting attendance record
- Preceptor development continuing education training program/s
- Co-preceptorship activities

Beth Israel Deaconess Medical Center
PGY1 Pharmacy Residency Program 2020-21
Expectations and Responsibilities of Residents

Professional Practice:

Professional Conduct:

It is the responsibility and expectation of all Residents participating in the BIDMC Residency to maintain the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

Professional Dress:

All residents are expected to dress in an appropriate professional manner whenever they are within the Medical Center or participating in or attending any function as a representative of the BIDMC or MCPHS University. A detailed policy is found in the BIDMC Department of Pharmacy Policies and Procedures. It is the expectation that the resident will wear a clean, pressed white lab coat at all times in patient care areas.

Employee Badges:

BIDMC requires all personnel (including residents) to wear his/her badge at all times when they are within the medical center. Badges will be obtained from the BIDMC Security office during Orientation. If the employee badge is lost the resident must report the loss immediately to Security, and render a fee for replacement.

Communication:

The resident is responsible for promoting good communication between the pharmacists, patients, physicians, and other health care professionals. The resident shall abide by the BIDMC hospital policies regarding the use of hospital and cellular phone within the hospital and in patient care areas.

Constructive criticism is a means of learning and is not meant to embarrass. Any conflicts which may arise between the candidate and preceptor should first be handled by discussing it with one another. If resolution is not achieved, then discussing the situation with the Residency Program Director is the next appropriate step to achieve resolution.

Patient Confidentiality:

Patient confidentiality will be strictly maintained by all residents. Time for completion of HIPPA training will be scheduled during pharmacy practice training. It is the expectation that residents will not discuss patient-specific information with other patients, family members or other person not directly involved in the care of the patient. Similarly, residents will not discuss patients in front of other patients or in areas where people may overhear. Residents will not leave confidential documents (profiles, charts, prescriptions, etc.) in public places. Residents should understand that inappropriate conduct (e.g., breach of confidentiality) may result in disciplinary action.

Attendance:

Residents are expected to attend all functions as required by the Residency Advisory Committee, the Residency Program Director and rotation preceptors. The residents are solely responsible for meeting the obligations of their assigned service commitments (staffing). Specific hours of attendance will be delineated by each preceptor in accordance to the individual rotation requirements.

**Beth Israel Deaconess Medical Center
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Duty Hour policies:

Standards have been established by the Accreditation Standard for Pharmacy Residencies regarding the time residents spend performing patient care duties and other activities related to their program. (<http://www.ashp.org/DocLibrary/Accreditation/RegulationsStandards/DutyHours.aspx>)

It is recognized that providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being.

The BIDMC Residency Program is structured so that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations and that didactic and clinical education have priority in the allotment of residents' time and energy.

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents should have 10 hours free of duty between scheduled duties, and must have at a minimum 8 hours between scheduled duty periods.
- Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

External Employment Policy (Moonlighting)

Successful completion of the residency program leading to certification is a function of the successful completion of all the program's requirements, which determine the primary schedule of the resident. It must be understood that the responsibilities of the resident may not correspond to a consistent day to day schedule and at times, extra hours of coverage may be necessary to complete residency requirements. Patient-care rotations, teaching, and service requirements take precedence over scheduling for external employment and thus, the residency program is considered the primary priority of each resident.

- External employment, if desired, may not interfere with the resident's responsibilities or requirements. All additional shifts to be picked up by the resident require approval by the current rotation preceptor as well as the Residency Director.
- There is a provision regarding employment at BIDMC to work as a pharmacist should additional staffing hours be available.
- Working additional hours for BIDMC is considered outside employment and as specified, must not interfere with the activities of the residency program, nor conflict with the Duty Hours Policy.

**Beth Israel Deaconess Medical Center
PGY1 Pharmacy Residency Program 2020-21**

Resident Disciplinary Action:

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant departmental and hospital policies and procedures.

Disciplinary action will be initiated if a resident:

- Does not follow policies and procedures of the BIDMC Department of Pharmacy Services, or Residency Program
- Does not present him/herself in a professional manner
- Does not make satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress towards the completion of residency requirements (e.g. residency project, rotation requirements, longitudinal activities, service requirements, etc.)

Disciplinary Action Policy and Procedure:

Disciplinary Actions within the BIDMC Pharmacy Residency Program will align with the BIDMC Corrective Action Policy and the BIDMC GME Policy for Remediation and Discipline.

In the event of the identification of need for disciplinary action of a resident or if a resident fails to make satisfactory advancement in any aspect of the residency program, the following action steps shall be taken:

1. The resident will meet with the RPD and/or involved preceptor to discuss the identified issue/s. If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the events that transpired. Action steps that will follow include: In conjunction with the resident, an appropriate solution to rectify the behavior, deficiency or action will be determined. **This constitutes a first warning.** A corrective action plan and specific goals for monitoring progress will be determined and outlined. These suggestions will be documented in the resident's personnel file by the RPD. Corrective actions will be in progress before the next scheduled quarterly evaluation.
2. Should another event or deficiency occur, the Resident will meet with the RPD and/or involved preceptor to discuss the identified issue/s. If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the events that transpired. Action steps that will follow include: In conjunction with the resident, an appropriate solution to rectify the behavior, deficiency or action will be determined. A corrective action plan and specific goals for monitoring progress must be determined and outlined. These suggestions will be documented in the resident's personnel file by the RPD. Corrective actions will be in progress before the next scheduled quarterly evaluation.
3. The resident will be given a **second warning** if the resident has not improved within the determined time period set forth by the RPD.
4. If the preceptor/RPD determines that the resident may not complete the residency program in the designated time frame, a plan to adequately complete the requirements shall be presented and reviewed with the resident. No action shall be taken against the resident until the Chief of Pharmacy reviews the report and recommendations concerning any final action to be taken. If the Chief of Pharmacy feels that the action recommended by the Preceptor / RPD is appropriate, the action will be implemented. Action may include remedial work or termination.
5. When and if dismissal is recommended by the Residency Program Director, the Chief of Pharmacy will have a meeting with the resident and RPD to discuss the final decision.

6. Failure to attain licensure is grounds for dismissal from the residency program. Residents should contact the Residency Program Director should any issue arise with licensure. Failure to achieve licensure in the State of Massachusetts within 90 days of residency will result in resident dismissal.

**Beth Israel Deaconess Medical Center
PGY1 Pharmacy Residency Program 2020-21**

Completion of Program Requirements:

Upon successful completion of all requirements of the residency program, the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by ASHP and/or other accrediting bodies.

Prior to certification of completion, residents must have all major program requirements "signed off" by their residency director. Return of identification badge, pagers, keys, etc. will also be required prior to receiving the certificate.

BIDMC PGY1 Pharmacy Residency Program 2020-21
General Information:

Salary/Paid Time off (PTO):

- The **2020-21** residents will receive a stipend of \$49,000.00, with accrued PTO.
 - Residents earn approximately 30 PTO days during their 12-month program, which are used for: Holidays, Sick Time, Vacation Days, Seminars, Interviews and Personal Days.
 - Residents are permitted to take up to 10 days as vacation during the residency year. No more than 5 days of vacation may be taken during any 1 learning experiences.
 - Residents will use PTO days for all holidays. These include, July 4th, Labor Day, Thanksgiving, Christmas, New Year's Day, and Memorial Day.
 - Any PTO not taken at the end of the year from #1, #2, or as sick days will be cashed out to the resident upon completion of the program

Benefits:

- Health Insurance: comprehensive medical, dental and eye coverage
- Public transportation and parking discounts
- Reimbursement for one major national meeting (ASHP Midyear) and for the Eastern States Residency Conference
- Additional benefits (provided and optional) are detailed in the ***BIDMC Employee Benefits Handbook*** provided by the BIDMC Human Resource Department

Vacation/Personal Days:

- Scheduled paid time off for vacation and personal days will be used from the resident's earned PTO bank in accordance with the ***BIDMC Employee Benefits Policy***
- Vacation and personal days must be planned and scheduled in advance with consideration of rotation obligations, staffing and other residency responsibilities.
- Time-off requests **must be received in writing at least two weeks** prior to the scheduled time off.
- **All** requests for time-off, vacation and schedule changes should be directed to and approved by the pharmacy supervisor responsible for scheduling, the preceptor for the rotation during which the time off will occur, and the residency program director.
- Approval for vacation and time off will follow departmental policy and procedures.
- Attendance at the ASHP Midyear and the Eastern States Conference are considered Professional Absences and do not affect PTO.

Sick Days/ Extended Medical Leave/Personal Leave:

- Sick days must be reported to the Pharmacy Administrator on call (92429) as early as possible as outlined in the Department of Pharmacy Policy and Procedures. In addition, the resident should also notify the current rotation preceptor and Residency Program Director as early as possible of their absence.
- It is the responsibility of the resident to coordinate and make up any missed work associated with their absence during a rotation. The resident should coordinate this with the preceptor for that rotation.
- If an employee is absent for three consecutive work shifts (days of residency) without notifying her/his supervisor, s/he will be considered to have resigned without notice.

- Illnesses longer than 5 days will follow the Department of Pharmacy Policy: **“Employee Dependability (Attendance and Tardiness) Expectation.”** If an employee is absent for five consecutive shifts and has notified her/his supervisor, s/he must report to Employee/Occupational Health Services for evaluation and clearance prior to returning to work.
- Residents are not eligible for FMLA
- In the event of a serious medical or personal condition requiring extended leave, communication with the RPD and Human Resources should be initiated as soon as possible to ensure that the resident is aware of their benefit status and he/she can determine what actions, if any, are available for continued benefits. BIDMC Policies regarding extended illness, **“Employee Paid Time Off (PM-03)”** , and **“Employee Leaves of Absence (PM-11)”** are located in the Residency Program Manual appendices as well as on the portal within the **BIDMC Policy Manual**.
- Whereas the residency program is a designed to be completed in a 12 month period, an extended leave may impact the resident’s ability to successfully complete the requirements of the program during this 12 month period. Every effort will be made to work with the resident to develop a plan to accomplish making up missed days, however this may not be possible. In situations where an extended leave of absence (greater than 4 weeks) necessitates an extension beyond the 12 months of the residency in order to complete the residency requirements, the resident may petition the RPD and DOP for an extension of their residency end date. **All decisions related to extensions will be made on a case-by-case basis and cannot be guaranteed. (GME Policy for Extension of Training (GME-04))**
- The resident may receive a stipend during an approved extension of training subject to the availability of funding, however this funding cannot be guaranteed. In the event a stipend is paid, it will be at the pay rate the resident received during their residency year. **(GME Policy for Extension of Training (GME-04))**
- If the resident is unable to complete the formulated plan and fulfill the requirements of the program, they will not be awarded a certificate of completion.

BIDMC PGY1 Pharmacy Residency Program 2020-21

BIDMC Department of Pharmacy

The Department of Pharmacy at BIDMC employs approximately 164 FTEs including: The Pharmacy Administrative Team (Directors, Managers, Supervisors), Clinical Pharmacy Specialists, Clinical Pharmacists, Pharmacy Residents, Technicians, Students, and other support personnel who provide comprehensive pharmacy services to patients and other healthcare professionals. Additional pharmacists and support personnel are employed in our hospital owned ambulatory clinics.

The Pharmacy Department provides 24-hour drug distribution services from central pharmacy areas on each campus and from automated dispensing cabinets throughout the medical center. The department utilizes state of the art equipment and technology in the preparation and dispensing of a broad scope of pharmaceutical products. The dispensing process is supported by the use of Omnicell automated dispensing cabinets and Omnicell Carousel Inventory management.

In-patient pharmacy services at BIDMC are provided by decentralized clinical pharmacists in a team based practice model. Within this model, pharmacists collaborate with the Clinical Care teams in assigned patient care areas and are responsible for the pharmaceutical care and medication management of the patients on those units. The pharmacy's computer system interfaces with the hospital's Provider Order Entry computer program, allowing the pharmacists to access patient information throughout the medical center. Clinical pharmacists screen medication orders for potential problems with dosing, drug allergies, drug interactions, and other drug-related problems and inform prescribers of potential problems and possible drug therapy modification. In addition to medication order processing, pharmacists are actively involved in providing drug information, performing pharmacokinetic evaluation and dosing for select medications, reviewing medications for renal dose adjustment, reviewing pertinent laboratory information and assessing the impact on the patient's medication profile, and monitoring target medications. This spectrum of care includes provision of services to adult and geriatric patient populations as well as premature and full term infants. In addition to the team-based pharmacy practice, the pharmacy staffs and operates several specialty areas including: antibiotic stewardship; investigational drug services; ambulatory infusion drug services; parenteral nutrition/metabolic support, oncology infusion clinic services, and operating room service oversight. In addition to in-patient pharmacy services, pharmacy services are provided in many of our hospital owned ambulatory clinics.

Medication reliability and safety are integral to the provision of optimal pharmaceutical care and the pharmacy continually reviews medication incident reports, adverse drug events and medication errors to identify potential areas for improvement of systems. Active involvement in multidisciplinary quality assurance programs, assist the pharmacy in evaluating the specific needs of its patients.

The Department of Pharmacy works with the Pharmacy and Therapeutics (P&T) committee to review medications for formulary status, to perform and review medication use evaluations, to develop medication use policies, and to contribute to clinical resource management activities of the medical center. The P&T Committee provides an interdisciplinary forum that facilitates consistent communication between the members of the Department of Pharmacy and physicians, nurses, and other allied health professionals.

In addition to the provision of inpatient and outpatient pharmaceutical services, the pharmacy also serves as an Advanced Pharmacy Practice Experience and Cooperative Education site for pharmacy students from both MCPHS University and Northeastern University College of Pharmacy.

Mission Statement

To work collaboratively with all members of the Medical Center's healthcare team to promote safe, effective and fiscally responsible pharmacotherapy

Operating Principles

- To always realize that the patient is at the center of all that we do
- To provide pharmaceutical care responsibly, professionally, and with the utmost compassion
- To foster fail-safe medication use through education, research and scholarly activities
- To increase awareness among all members of the healthcare team and among administrators, about the valuable role the pharmacist plays in delivering patient care
- To foster a work environment conducive to the delivery of optimal pharmaceutical care across the continuum of services provided at the Medical Center
- To foster an environment conducive to individual professional development and advancement
- To foster an environment conducive to the education and training of pharmacy students and residents

**Beth Israel Deaconess Medical Center
PGY1 Pharmacy Residency Program 2020-21**

Clinical Rotations

Residents rotate assignments throughout the year and, to the extent possible, areas of assignment are designed around the resident's interests. In all areas to which the residents are assigned, they assume the role and responsibility of team members in the clinical service, as well as teaching and administrative aspects of the unit.

Pre-Rotation Communication Expectations

Pre-rotation expectations meeting: One week prior to the start of any new rotation, the resident must set up a meeting with the rotation preceptor. This meeting provides the opportunity to discuss the assigned goals and objectives for the rotation, the learning activities for the rotation, the rotation schedule/calendar, the resident's personal goals and objectives, and other rotation specific information. Residents should communicate any planned PTO, staffing days, teaching commitments and/or other known events that may impact the upcoming rotation.

Core Rotations

Infectious Diseases (5 weeks)

Preceptor/s:

Ryan Chapin, PharmD,

Nicholas Mercuro, PharmD

BIDMC Clinical Specialists, Infectious Diseases/Antibiotic Stewardship

Rotation description: The Infectious Diseases (ID) rotation is a required, five week learning experience. There are two ID teaching teams: one focusing on the immunocompromised patient and the other on the immunocompetent patient. Each team includes an attending physician and 2 ID fellows. Additional team members may include medical interns, medical residents, medical students, pharmacists and/or pharmacy students. The ID consult service sees a wide variety of patients from many different backgrounds (medical service, critical care, oncology, HIV, etc.).

The resident works with the ID consult team at daily rounds, maintaining a responsibility to optimize anti-infective therapy for the consult patients. This includes dosing recommendations based on organ function, avoidance or mitigation of adverse reactions, and daily monitoring of anti-infective therapies, including performing kinetics consultations. While on rotation, the resident will also participate in the P&T Antimicrobial Subcommittee as well as in current medication use evaluations and other research activities within the Pharmacy and ID Departments.

Internal Medicine (5 weeks)

Preceptors:

Alexa Carlson, PharmD, BCPS

Assistant Clinical Professor, Department of Pharmacy Practice

Northeastern University, Bouvé College of Pharmacy and Allied Health Sciences

Nicholas Edmonds, PharmD

Clinical Pharmacy Manager, Med/Surg

Kristen Knoph, PharmD, BCPS

BIDMC Clinical Pharmacist

Rotation description: Internal Medicine (IM) is a required, five week learning experience. The goal of the IM rotation is for residents to develop skills and competencies in the provision of pharmaceutical care for a diverse population of IM patients, enabling them to effectively participate in therapeutic decision making, drug therapy selection, monitoring of acutely ill patients and discharge counseling. Typically pharmacy residents will round on one of 4 internal medicine teaching teams: Robinson A, Robinson B, Kurland A, or Kurland B. Each of the teaching teams includes an attending physician, a PGY2 or PGY3 medical resident, 2 PGY1 medical interns, and medical students (MSIII or MSIV). Other disciplines on the team include the clinical pharmacy specialist or clinical pharmacist, and pharmacy students.

The clinical pharmacy specialist, and in turn the pharmacy resident on the team is responsible for ensuring safe and effective medication use for all patients. This involves active participation in daily rounds and collaboration with

other pharmacy, nursing, and physician personnel as appropriate. The pharmacy resident is responsible for identifying and resolving medication therapy issues for all patients on their team. These problems include drug dosing, drug allergy issues, drug-drug and drug-disease state interactions, adverse drug reactions, drug monitoring, route of administration, and cost-effectiveness issues. The pharmacy resident should assume an active role in assisting the team with medication reconciliation issues, including obtaining accurate home medication lists, and providing patient counseling at the time of discharge. Strong communication and interpersonal skills, as well as time management skills are necessary to succeed during this rotation experience. Residents will have opportunities to further refine these abilities and further develop their clinical knowledge, ability to provide patient care, develop a working relationship with an interprofessional health care team, identify and interpret health literature, and educate patient and providers while on this rotation.

Medical Intensive Care (MICU) (5 weeks)

Preceptors:

Gabrielle Cozzi, PharmD, BCCCP; BIDMC Clinical Pharmacist

Mehrnaz Sadrolashrafi, PharmD, BCCCP, BIDMC Clinical Pharmacist, and others

Rotation description: The Medical Intensive Care Unit (MICU) rotation is a required, 5 week learning experience at Beth Israel Deaconess Medical Center. The MICU typically has a service of up to 8 patients, but this may increase based on the specific location (East Campus versus West Campus) and service (MICU orange versus green). Each MICU team consists of an attending pulmonary/critical care physician, pulmonary/critical care fellow, 2-3 senior medical residents, and 2-3 medical interns. Additionally, rounds are attended by the critical care nurses and respiratory therapy/physical therapy as needed.

The medical intensive care unit (MICU) rotation allows the pharmacy resident to gain experience in caring for the critically ill patient with a focus on pulmonary or GI/liver disease. The resident will attend daily rounds and be involved with medication management with the MICU team. Responsibilities will include proactively assessing and monitoring all aspects of care of the critically ill patient with various end-organ failures (e.g. lung, kidney, liver etc.). The resident will participate in drug monitoring, renal dosing, individualized pharmacokinetics assessment, and patient interaction/education as needed. Along with these clinical requirements, the resident will be responsible for various topic discussions relating to critical care or respiratory or systemic end-organ disease, such as acute respiratory distress, acute/chronic/end-stage organ failure, fluid/nutrition/electrolyte imbalance, acid-base disorders, mechanical ventilation, sepsis and hemodynamic imbalance, sedation/analgesia, use of neuromuscular blocking agents, liver failure, GI bleeding and toxic ingestion or drug overdose.

The decentralized clinical pharmacist on the team is responsible for ensuring safe and effective medication use for all patients admitted to the team, including active participation in work and attending rounds daily, education of physicians and nurses, and education of pharmacy trainees, participation on organizational, pharmacy department and nursing unit-based medication policy and continuous quality improvement committees. When a pharmacy resident is on service, they will assume the roles of the decentralized clinical pharmacist, under the supervision of the critical care rotation preceptor/s. By week 3 of the rotation experience, the resident will also be asked to process all medication orders for the MICU team on which they are rounding as well as complete all departmental drug monitoring requirements (Vancomycin and anticoagulation)

Medication Safety (4 weeks)

Preceptor: May Adra, Director, Pharmacy Safety, Quality & Regulatory Affairs

Rotation description: Medication Safety is a required, 4 week learning experience. The goal of the medication safety rotation is to offer the resident experience in identifying methods to enhance the medication use system to minimize the risk of adverse drug events. During this rotation, the resident will gain knowledge and experience in identifying and analyzing medication errors, adverse drug reactions and adverse drug events. The resident will identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices using the Institute for Safe Medication Practices newsletters or other recent literature on patient safety as a comparator. The resident will have the opportunity to develop and implement safe medication practices. Activities will include participating in medication error reporting, performing a root cause analysis, and when feasible completing a failure mode and effects analysis. The resident will work collaboratively with members of the medication safety subcommittee and other quality improvement committees in the hospital. The resident's responsibilities will include preparing meeting agendas, taking minutes, analyzing medication events, publishing a medication safety newsletter, performing quality improvement initiatives, and providing educational sessions on safe medication practices.

Pharmacy Practice Concentrated Learning Experience (4 weeks)

Preceptor: Nick Edmonds, PharmD, Clinical Pharmacy Manager, Med/Surg

Co-Preceptor/s: TBD as assigned per practice site

Rotation description: The Pharmacy Practice Concentrated Learning Experience provides the resident the opportunity to develop essential practice skills in the role and responsibilities of a Clinical Pharmacist in one of the medical center’s decentralized practice sites. This rotation builds upon the fundamental knowledge gained through their initial training and work in the central pharmacy and facilitates the resident to advance their training and practice to be able to independently practice as a decentralized Clinical Pharmacist. The role of a decentralized Clinical Pharmacist in an assigned practice area includes the medication management and oversight of 60-100 patients on one or more floors. The focus of training will be geared towards the routine operational and clinical responsibilities of the decentral pharmacist.

Teaching Rotation-Required (6 weeks)

Preceptor: TBD as assigned per practice site

Rotation description: BIDMC is one of the Advanced Pharmacy Practice Experience (APPE) sites for 6th year PharmD students from MCPHS University. The resident will be involved in providing experiential education to the clerkship students, including teaching and student assessment as it relates to providing pharmaceutical care. One of the main goals of the rotation is for each resident to effectively develop essential precepting/teaching skills utilizing his/her own experience and guidance from the teaching rotation preceptor. The rotation will allow the resident to use a variety of learning activities that meet MCPHS University objectives for the in-patient APPE rotation. The resident will design a syllabus incorporating those learning activities and formulate site-specific goals and objectives for student-centered activities. During the rotation the resident will guide students in developing professional skills required for in-patient pharmacy activities and assess student performance in accordance with the MCPHS University PharmD experiential program guidelines.

Core Electives: (4 or 5 weeks)

- Ambulatory Clinics Preceptor: Disease State Specialist
- Cardiology Preceptor: Jennifer Bui, PharmD, BCPS, Kelly Nguyen, PharmD. BCPS
- Emergency Medicine Preceptor: Eli Philips, PharmD, BCPS; Holly Reed, PharmD
- Hepatology Preceptor: Katelyn Richards, PharmD, BCPS
- Hematology/Stem Cell Transplant Preceptor: Stefanie Clark, PharmD, BCOP
- Infectious Diseases II: Antibiotic Stewardship or Consult Service Preceptors: Ryan Chapin, PharmD, BCIDP, Nick Mercuro, PharmD, BCIDP
- Oncology-Solid Tumor Preceptor: Stefanie Clark, PharmD, BCOP
- Solid Organ Transplant Preceptors: Katelyn Richards, PharmD, BCPS; Kai
- Specialized ICUs:
 - Cardiac Intensive Care Preceptor: George Abdallah, PharmD, BCCCP
 - Medical Intensive Care II Preceptors: Gabrielle Cozzi, PharmD, BCCCP; Mehrnaz Sadrolashrafi, PharmD, BCCCP and others
 - Surgical Intensive Care Preceptor; Pansy Elsamadisi, PharmD, BCPS, BCCCP
 - Trauma Intensive Care Preceptor; Sandra Rummyantsev, PharmD, BCCCP
 - Other Critical Care Units TBD

Additional Required Longitudinal Experiences:

Management, Drug Information, Research and Teaching Experiences:

Activity	Advisor	Description
P & T Committee (3 months)	Katherine Cunningham, PharmD	<ul style="list-style-type: none"> ▪ Take minutes at meetings and summarize ▪ Develop and present a drug monograph/ guideline for formulary consideration ▪ Develop and complete a MUE ▪ Contribute to hospital drug information communications
CE Presentation	Assigned based on topic	<ul style="list-style-type: none"> ▪ Residents will prepare and deliver a 1 hour CE program for the staff
Resident Report (weekly)	Residency Advisory Committee members	<ul style="list-style-type: none"> ▪ Develop oral and written skills through a variety of clinical skills activities
Research Project	Residency Advisory Committee members	<ul style="list-style-type: none"> ▪ Design and execute an original pharmacy related research project and present findings at Eastern States Residency Conference
Drug Information (# Questions TBD)	Residency Advisory Committee members	<ul style="list-style-type: none"> ▪ Research, write and disseminate drug information responses to question (may be assigned from clinical rotations/ staffing/ other).
Leadership	Katherine Cunningham, PharmD	<ul style="list-style-type: none"> ▪ Residents will gain exposure and insight to management and leadership activities through a number of scheduled meetings and topic discussions. Residents will coordinate various activities during their Leadership Block including, but not limited to: RAC meeting agenda and minutes; resident travel; and others as needed.
MCPHS University Therapeutics Seminar Facilitator	Assigned annually	<ul style="list-style-type: none"> ▪ The resident will serve as an instructor in PPB 551, Pharmacotherapeutics Seminar, during the fall and spring semester. The course requires the resident to be at the University for three hours per week. The goal of this longitudinal experience is for the resident to gain experience in problem based learning techniques and small classroom facilitation. The resident will facilitate a weekly case based discussion with fifth year PharmD students to assist in the students' development of professional problem solving skills. During each class, the resident will be expected to encourage an open forum for discussion to help enhance the students' ability to communicate and to develop case-based critical thinking skills.
MCPHS University Teaching Certificate Program	Snehal Bhatt, PharmD	<ul style="list-style-type: none"> ▪ The RTCP provides residents with a foundation of core educational principles presented in live and online didactic modules. Mentored by an academic faculty preceptor, the resident will also gain practical teaching experience in a variety of educational settings (large/small classroom, clerkship, laboratory, or seminar). Residents will also develop, with the assistance of their faculty mentor, a formative teaching portfolio that will document their progress and enhance the learning experience.

**Beth Israel Deaconess Medical Center
PGY1 Pharmacy Residency Program 2020-21
Resident Project**

Overview:

Each resident is responsible for the completion of a residency project. The project may be in the form of original research, a problem-solving exercise, or the development, enhancement or evaluation of some aspect of pharmacy operations or patient care services. Each resident will be provided time during the management activities scheduled between rotations to work on his or her project. Completed residency projects will be presented at the Eastern States Residency Conference in May of the residency year. A final manuscript must be submitted for all residency projects. The primary preceptor is responsible for approval of the final version of the manuscript in a form suitable for submission to a peer-reviewed journal for publication.

Project selection / Scope of projects/ Approval:

A list of potential projects will be generated by the Residency Advisory Committee and distributed to the residents for consideration. It is the aim of the committee to provide the resident with a number of research topics related to: current activities and/or clinical practice issues at the medical center, current issues in pharmaceutical care, medication safety, pharmacy services and/or other areas of interest of the sponsoring committee members. In addition to projects submitted by RAC members, projects may be submitted by any College of Pharmacy faculty member, BIDMC pharmacy administrator, pharmacy staff personnel and/or others as appropriate. Alternately, the resident may independently select a project and submit this to the RAC committee for approval.

The Residency Advisory Committee will approve the final list of potential projects before it is distributed to the residents.

Project Advisor/s:

Project advisor/s function as project mentors and co-principal investigators. They will work directly with the resident to oversee the initiation, development, and completion of the research project. The advisor will collaborate on the research project itself and serve as a resource for the resident, as they would with any other research undertaking. It is expected that the advisor will participate in all committee meetings, provide periodic feedback to the resident and committee, critically review the all data collection and presentations, and perform any other functions of a collaborator.

Beth Israel Deaconess Medical Center
PGY1 Pharmacy Residency Program 2020-21
Resident Project General Timeline

General Project Timeline:

Project management is a significant component of the Residency Project. The following timeline will serve as general template for the resident to prepare his/her own individual timeline and project deadlines.

July 1st - August 15th: The resident, in conjunction with his/her Residency Program Director / Coordinator, and/or potential project preceptor(s), will identify a residency project. A written summary of the project's goals, methods, and anticipated impact on services signed by the project preceptor must be submitted to his/her residency director no later than **August 15th**. (See attached form). Earlier submission is encouraged. If residents have not completed CITI training prior to this residency, they should complete the required CITI training modules so as to be able to complete and submit the project IRB forms.

August 15th-September 1st: The resident, in collaboration with the project advisor, will develop the study design and methods and present to the RAC for review and comments.

September 1st- October 1st: The resident is responsible for developing a personal project timeline to be reviewed and submitted to the project advisor and/or the Residency Director by: September 15th. The project timeline will include specific time points for data collection, data analysis and presentation preparation.)

Additionally, during this time period, the resident will prepare an abstract, pertinent to the study, for application to the ASHP Midyear Residency Poster Session (refer to the ASHP website for specific deadline.) All abstracts must be submitted to the project coordinator and/or RAC for review at least 2 weeks prior to the final ASHP deadline.

October 1st - March 15th: The resident will submit an application to the BIDMC IRB for review and approval of their project. Pending approval, the resident will commence/continue working on their project; or should a project be denied, the resident will work with the project coordination and Residency Director to make the appropriate changes to attain approval or if necessary, select an alternate project.

The resident will work within his/her individual timeline to complete data collection, data analysis, and final project summaries. Status reports from the resident and the project preceptor should be completed and presented to the Residency Director and RAC Committee as part of the quarterly evaluation.

March 15th – April 15th: In preparation for the Eastern States Conference presentation, the resident will present a study synopsis with project results to the RAC for review. Prior to the Eastern States, the resident will present, in full, at least one oral presentation of their project to the RAC for final review and approval. During this time, consideration should be given to presenting study results to the BIDMC division/clinical area which may be most closely involved in the study or impacted by the study results. Completed projects will be presented to the BIDMC Pharmacy and Therapeutics Committee.

May 15th-June 15th: A manuscript suitable for publication must be completed for all residency projects. The project advisor will collaborate with the resident to determine the manuscript style based upon the project and the journal where it would be considered for publication. It is expected that manuscripts should be "in progress" throughout the entire project development period. The initial manuscript draft should be submitted to the Project Advisor by May 15th and the final manuscript submitted by June 15th.

Project Completion:

The project will be considered complete when the stated requirements have been met. A residency certificate will not be awarded until the project is completed.

PGY1 Resident Research Project Approval Template

Project Title:

Resident:

Project Team Members: Name	Title/Position	Role/(s)
		Project Advisor

Roles that team members may fulfill include but are not limited to: oversee data collection, oversee data analysis, subject matter expert who provides recommendations on the direction/design of research project, assistance with manuscript writing.

I. Project objective(s) including primary and secondary endpoints, if applicable:

- Objective:
- Primary research question:
- Primary outcome:
- Secondary outcome(s):

II. Background and significance: *(Describe the background of the study, include a critical evaluation of existing knowledge, identify gaps in knowledge that this project is anticipated to fill)*

III. Methods:

- Study Design:
- Time period:
- **Subjects:**
 - **Inclusion Criteria:** (e.g. *age, time period, disease state, medication, etc.*)
 - **Exclusion Criteria:** (*provide details*)
 - **Estimated number of subjects:** (as appropriate *include statistical or other reason for desired/estimated number of patients to include*) How will a list of subjects be identified and generated from departmental, One
 - How will a list of subjects be identified and generated from departmental, or other databases?

IV. Data to be collected:

Planned analysis of data: *(include specifics on how the primary and secondary outcomes will be evaluated)*

V. Impact:

What is the anticipated impact that this study will have on the pharmacy department, pharmacy practice and/or other area? *(please explain, e.g. Improving patient outcomes; Enhance medication safety; Cost avoidance; Documentation of pharmacy services, etc.)*

References:

Signatures:

Resident: _____

Date: _____

Project Preceptor: _____

Date: _____

Residency Program Director: _____

Date: _____

Beth Israel Deaconess Medical Center Current and Past Resident Research Projects

- Efficacy and safety of daunorubicin 90 mg/m² versus 60 mg/m² 7 plus 3 chemotherapy regimen for patients with acute myeloid leukemia (AML). Dema Almolaiki, PharmD, 2021-21
- Risk Factors and Clinical Outcomes of Infections Caused by Multi-drug Resistant Gram-Negative Organisms in Solid Organ Transplant Recipients. Xinqu Liu, PharmD, 2021-21
- Evaluating predictors of discordant MRSA nares and respiratory cultures in patients with pneumonia. Nicholas Palisano, PharmD 2020-21.
- Comparative efficacies of pegfilgrastim and pegfilgrastim-cbqv at an academic medical center. Claude Yoo, PharmD, 2020-21
- Evaluating institutional concordance with evidence-based recommendations for the treatment of Staphylococcus aureus blood stream infection. Katherine Lee, PharmD, 2019-20
- Safety of Accelerated Daratumumab Administration at a Large Academic Medical Center. Ashka Patel, PharmD, 2019-20
- A retrospective comparison of the effectiveness and safety of intravenous olanzapine versus intravenous haloperidol for agitation in the intensive care unit. Michelle Wang, 2019-20
- Anti-Factor Xa monitoring of unfractionated heparin in patients on ECMO. Afrah Alkazemi, PharmD, 2018-19
- The Safety and efficacy of sodium gluconate complex in heart failure patients. Kathryn Owen, PharmD, 2018-19
- Identifying clinical characteristics and molecular markers associated with cancer therapy-induced cardiotoxicity. Sarah Warack, 2018-19
- Utility of Bronchoalveolar lavage (BAL) versus nares Methicillin-resistant Staphylococcus aureus (MRSA) culture screen for predicting MRSA pneumonia. Bayan Alnamnakani, PharmD, 2017-18
- OPAT or no-PAT? Evaluation of outpatient parenteral antimicrobial therapy (OPAT) patients receiving daptomycin or ertapenem for “convenience”. Rachel Britt, PharmD, 2017-18
- Impact of hyperparathyroidism management on cardiac and allograft specific outcomes in renal transplant recipients. Joshua Etheridge, PharmD 2017-18
- Effectiveness of structured inpatient antimicrobial stewardship follow-up on asymptomatic bacteriuria. Stefanie Stramel, PharmD 2017-18
- Fosaprepitant for the Prevention of Chemotherapy-Induced Nausea and Vomiting in Allogeneic and Autologous Hematopoietic Stem Cell Transplant Patients. Nora Alkhudair, PharmD, 2016-17
- Impact of a steroid free immunosuppressive regimen on patient and graft outcomes in pancreas transplant recipients. Mariesa Cote, 2016-17
- Utility of traditional severity markers in Clostridium difficile infections in solid organ transplant patients. TiffanyLee, PharmD, 2016-17
- Clinical Outcomes of Daptomycin Therapy Based on a Dosing Body Weight Calculation Versus Total Body Weight. Doaa Aljefri, PharmD, 2015-16
- Evaluation of clinical and safety outcomes in critical care patients treated with a phenobarbital based alcohol withdrawal protocol. George Abdallah, PharmD, 2015-16
- Predictors of successful conversion from tacrolimus to sirolimus in kidney transplant recipients on a steroid free immunosuppressive regimen. Andrew Brueckner, PharmD, 2015-16
- Treatment Outcomes with Nafcillin versus Cefazolin for Methicillin-Susceptible Staphylococcus aureus Bloodstream Infections. Corey Burrelli, PharmD 2015-16
- Impact of high-dose versus low-dose sulfamethoxazole-trimethoprim in the treatment of Stenotrophomonas maltophilia pneumonia. Kristen Lee, PharmD, 2014-15
- Impact of a pharmacist-utilized inpatient warfarin monitoring tool on patient safety. Megan Saraceni, PharmD, 2014-15
 - Impact of a pharmacist/nurse-driven intensive care unit delirium intervention. Samantha Moore, PharmD 2014-15
- Influence of Time to Dose Adjustment for Antibiotics in Patients Initiated on Continuous Renal Replacement Therapy in the Intensive Care Unit. Ethan Smith, PharmD, 2014-15
- Daptomycin versus linezolid for the treatment of vancomycin-resistant enterococcal urinary tract infections. Kaitlyn Dziuba, PharmD 2013-14
- Implementation of a phenobarbital-based alcohol withdrawal protocol in critical care. Randy Hollins, PharmD, 2013-14

- Efficacy of cefepime therapy for treatment of Enterobacteriaceae bloodstream infections (BSI): an evaluation of the revised susceptibility breakpoints. Srijana Jonchhe, PharmD 2013-14
- Comparison of outcomes for patients with suspected healthcare associated pneumonia treated with guideline concordant regimens versus community acquired pneumonia regimens. John N. O'Donnell, PharmD 2013-14
- Evaluation of antiretroviral and prophylactic antimicrobial prescribing for HIV-infected hospitalized patients and the impact of clinical pharmacist interventions. Monique Bidell, PharmD 2012-13
- Incidence of medication-associated admissions to a medical intensive care unit. Adam Diamond, PharmD 2012-13
- Evaluating the impact of a telephone-based, pharmacist-run insulin management program. Katie Hackenson, PharmD 2012-13
- Incidence and management of bleeding in elderly patients initiated on dabigatran, Jessica Rimsans, PharmD 2012-13
- Antipsychotic utilization in the intensive care unit (ICU) and in the transition of care. Julia Kats, PharmD 2011-12
- Impact of sirolimus conversion on cardiovascular outcomes in renal transplant recipients. Miae Kim, PharmD 2011-12
- Creatinine phosphokinase elevations in patients on daptomycin with or without a statin. Jason Mordino, PharmD 2011-12
- The impact of pharmacist conducted medication reconciliation on medication discrepancies with the potential for adverse drug events at admission and discharge. Kaitlin O'Rourke, PharmD 2011-12
- Early versus late conversion from a calcineurin inhibitor to sirolimus and the incidence of wound complications in liver and kidney transplant recipients. Shannon Bradley, PharmD 2010-11
- Vancomycin utilization in neutropenic oncology patients: A retrospective review of prescribing patterns and concordance with national guidelines. Kelley Carlstrom, PharmD 2010-11
- Implementation of a delirium identification and treatment algorithm in the intensive care unit: a focus on the appropriate use of antipsychotic medications. Charles Foster, PharmD 2010-11
- Impact of a dedicated clinical pharmacist in the medical intensive care unit (MICU) on length of stay. Andrea Handeli, PharmD 2010-11
- Clinical experience with conversion to generic mycophenolate mofetil and tacrolimus at a large academic medical transplant center. Basma Sadaka, PharmD 2009-10
- Evaluation of empiric therapy with aztreonam plus vancomycin vs cefepime with or without vancomycin for the treatment of fever and neutropenia: A retrospective review. Riley Vetter, PharmD 2009-10
- Assessment of initial empiric antimicrobial choice in septic shock patients in the emergency department (ED). Rachel Weber, PharmD 2009-10
- Impact of hospital guidelines on argatroban use in patients with suspected or confirmed heparin-induced thrombocytopenia: evaluation of clinical outcomes, adverse events and cost. Wendy Chen, PharmD 2008-09
- Impact of pharmacist interventions on duration of mechanical ventilation in medical and surgical intensive care unit (ICU) patients receiving continuous sedation. Alexander Levine, PharmD 2008-09
- Evaluation of Linezolid versus Daptomycin for the Treatment of Vancomycin Resistant Enterococcus Bacteremia. Aimee Mertz, PharmD 2008-09
- Impact of indication-based computerized provider order entry on albumin utilization. Marina Rozov, PharmD 2008-09
- Development, implementation and evaluation of a collaborative antimicrobial dosing and monitoring program with a hospitalist service: a targeted aminoglycoside and vancomycin pharmacokinetic program. Yulia Groza, PharmD 2007-2008
- Evaluation of a computerized physician order entry (cPOE) weight-based unfractionated heparin protocol: impact on prescribing, monitoring, safety, and achievement of therapeutic targets. Adam Woolley, PharmD 2007-2008
- Evaluation of the relationship between gastric-acid suppression therapy and the development of *Clostridium difficile* associated disease (CDAD) in hospitalized patients. Philip Grgurich, PharmD 2006-2007
- Experience with beta-lactam antibiotic desensitization protocols at a Tertiary Care Medical Center: Impact on care and outcomes. R. Wayne Shipley, PharmD 2006-2007
- Implementation and outcome of a new administration model for Meropenem at a tertiary care teaching institution: lower doses with increased frequency. Natalya Asipenko, PharmD 2005-2006.
- Evaluation of a drotrecogin alfa administration guideline and dosing weight protocol: Impact on patient outcomes, adverse events, and cost. Marissa McCann, PharmD 2005-2006.
- Impact of a pharmacy adverse drug reaction (ADR) consult service on the reporting and detection of ADRs in elderly patients admitted to a general medical floor at an urban teaching hospital. Ifeoma Eche, PharmD 2004-2005.

- The impact of a DVT prophylaxis guideline on the VTE risk assessment and use of DVT prophylaxis in patients admitted to an urban, tertiary-care medical center. Jeanne McCarthy, PharmD 2004-2005
- Impact of a Computerized Provider Order Entry (CPOE) Linked Infectious Disease (ID) Approval Process on Antimicrobial Delivery Time. Danielle M. Harris, PharmD 2003-2004.
- Examination of the Incidence of and Potential Risk Factors for Linezolid-associated Thrombocytopenia or Myelosuppression. Sheri N. Ober, PharmD 2003-2004.
- Evaluation of the implementation of a revised neonatal parenteral nutrition order form. Katrina M. Berlage, PharmD 2002-2003.
- Development and Implementation of Guidelines for the Use of Enoxaparin. Alina Youssef, 2002-2003.
- Evaluation of the impact of an Anticoagulation Management Service (AMS) on clinical and economic outcomes of patients. Patricia A. Ross, PharmD 2001-2002.
- Development of an Adverse Drug Reaction (ADR) surveillance, detection, and education program. Michael N. Weisburgh, PharmD 2001-2002.
- Improvement in glycemic control and reduction of errors associated with antidiabetic medications through the implementation of a comprehensive insulin ordering/monitoring form. Sharon M. Cox, PharmD 2000-2001.
- Cost-benefit analysis of a pharmacy practice resident on an adult internal medicine rotation. Margarita Desyatnik, PharmD 1999-2000.

Beth Israel Deaconess Medical Center Resident Continuing Education (CE) Program Guideline

Each resident will present one formal CE program during the residency year. Several residency goals will be addressed within this residency requirement. Upon successful completion of this residency requirement, the resident will demonstrate proficiency in:

1. Critical evaluation of the literature pertaining to the presentation topic
2. Enhancement of presentation, teaching and communication skills
3. Understanding of the provision of CE programs for pharmacists and other health care professionals
4. Development of skills in responding to audience questions and comments
5. Familiarization with different audiovisual equipment and techniques

CE Topic:

The CE topic will be chosen by the resident, with guidance from the Residency Program Director and Residency Advisory Committee **by the 2nd week of the Longitudinal Block in which the CE will be presented**. The topic selected should involve a current therapeutic or pharmacy practice management controversy, developing clinical or practice management research, or therapeutic area. The resident will be responsible for identifying a residency program preceptor to serve as "preceptor" for their CE program.

CE Format:

The date, time, and location of the Resident CE program will be determined by 60 days prior to the assigned presentation date. Resident to coordinate with the Clinical Pharmacy Educator.

The length of the Resident CE Program will be limited to one hour, with at least 10 minutes of this time reserved for questions and/or comments from the audience.

Handouts should be prepared in advance and reviewed with the CE preceptor/advisor prior to the presentation.

Approval for CE credit:

The resident will coordinate with the Pharmacy Administration Team to secure CE credits from the MA Board of Pharmacy for their CE program. A template application form is available for submission for CE credit. Coordinate with the Clinical Pharmacy Educator for additional details.

At least **eight weeks prior to the presentation** the resident should submit the following CE program information to the Board: Presentation title; Educational Objectives; CE Outline, Date and time of presentation; Location of presentation; His/Her curriculum vitae

A sign-in sheet is required to document attendance of participants seeking CE credit for the program. (found on shared drive, residency, forms)

CE Evaluation:

Each resident will receive an evaluation of the CE presentation from a minimum of two preceptors –at least one other than the CE preceptor). The evaluation will be discussed with the resident immediately following the CE program.

The audience will also be encouraged to submit written comments to the resident using the Oral Presentation Evaluation form. (found on shared drive, residency, forms)

Post Program:

1. Review the audience evaluation forms with CE preceptor.
2. Deliver the audience evaluation forms to the CE coordinator.
3. Return sign in sheets to CE Coordinator, so that attendees receive CE credit.

Longitudinal Activities Tracking Grid

This tracking tool is intended to assist in the planning and documentation of longitudinal activities and requirements assigned throughout the residency. This tool should be maintained and kept up to date so that it can be provided to your advisor and the RAC membership at large to assist in the tracking of your progress towards completion of these activities and your achievement of the associated residency goals and objectives.

Resident: Your Name Here

Residency Longitudinal Activities:		Completed in:			
	Due Date:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
		Signature	Signature	Signature	Signature
<u>CE Program</u>					
Topic Selection	-				
Submission Diane and BOP for CE	-				
CE Slides	-				
CE Presentation	-				
<u>Drug Information Questions</u>					
DI Question 1	-				
DI Question 2					
DI Question 3					
DI Question 4					
DI Question 5					
<u>Leadership Activities</u>					
BIDMC Leadership Meeting	-				
John Web Lecture					
ASHP Midyear Meeting Keynote					
Other					
<u>Medication Safety</u>					
Quarterly Medication Event Report	-				
ISMP Quarterly Action Summary Review					
Med Safety Meeting/s					
Medical Peer Review Committee					
Other					
<u>MUE</u>					
Topic Selection					
Data Collection					
Data Analysis					
Presentation of Results (P&T/Subcommittee)					

Residency Longitudinal Activities:		Completed in:				
		Due Date:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<u>P&T Committee</u>			Signature	Signature	Signature	Signature
Minutes Meeting 1						
Newsletter Summary 1						
Minutes Meeting 2						
Newsletter Summary 2						
<u>Presentations (Resident Report)</u>						
Case Presentation		-				
Journal Club						
M&M						
Clinical Pearl						
Management Pearl						
Preceptor Development Pearl						
<u>Project</u>						
CITI Training		-				
New Investigator Training		-				
Project Selection		-				
Draft Methods						
Abstract for ASHP Poster						
IRB						
Poster						
Patient Identification						
Data Collection Tool						
Interim analysis						
Eastern States Abstract						
Manuscript						
Data Analysis						
Eastern States Slides						
Presentation at Eastern States						
Project presentation to P&T/stakeholders						
Presentation at MCPHS Year-End event (June)						
<u>Residency Portfolio (PharmAcademic)</u>						
QTR1						
QTR2						
QTR3						
QTR4						
<u>MCPHS Teaching Certificate</u>						
Teaching Philosophy						
Lecture						
Teaching Portfolio						
Other						

**BIDMC PGY1 PHARMACY RESIDENCY
PROGRAM YEAR 2020-21**

Tentative Timelines for Residents

(Dates are subject to change based on individual resident goals/assigned tasks)

****This may not be all inclusive – Please develop your personal schedule and calendar!****

July:

- Residency Program Orientation
- If not licensed, finalize dates for taking the NAPLEX and MPJE
- Review ASHP Residency Standards
 - Initial self-assessment (Entering resident goals and objectives)
 - Establish Resident Account in PharmAcademic
- Begin Pharmacy Practice Training
- Meet regularly with RPD to review issues and verify how training is going
- Confirm meeting and orientation dates with MCPHS University
- Review Early Core Rotation schedule/verify dates/timelines with preceptors
- Review / schedule longitudinal experiences (P&T, CE, Med Safety, Drug Information, etc.)
- Start evaluation and selection process for case and topic presentations for longitudinal Residency Project

August:

- Attend MCPHS University Orientation
- Begin MCPHS University Teaching Certificate Program
- MUE Selection (**Due date: Aug 8th**)
- Residency Project selection/preceptor confirmed (**Due Date Aug 15th**)
- Register for ASHP Midyear Meeting
- Establish personal deadlines for various projects, assignments, longitudinal work (P&T minutes, newsletter articles, CE program for pharmacists, etc.)
- Establish meeting times for RAC
- Begin Clinical Rotations (ensure pre/post rotation goals/evaluations completed)

September:

- Project Design/Methods write-up
- Project Proposal Summary and begin IRB application
- Begin working on abstract for ASHP poster application
- Begin MCPHS University longitudinal activities (facilitate Therapeutics Seminar)
- Begin working on recruitment information for prospective new residents: area showcases are in October

October:

- Submit project application to IRB if not already done (**deadline October 15th**)
- ASHP poster abstract for residents **due October 1st**
- Complete 1st Quarter Self-Evaluations and meet with Advisor
- Schedule time with RPD for review of Residency Plan

November:

- Discuss CV preparation and interview opportunities at midyear
- Prepare poster for ASHP midyear presentation. Present to RAC for review by committee
- Complete recruitment materials for ASHP Residency/MCP Showcase

December:

- ASHP Midyear – BIDMC Posters, showcase
- Determine 3rd Quarter Rotations (core and elective)
- Complete 2nd Quarter Self-Evaluations and meet with Advisor
- Schedule time with RPD for review of Residency Plan
- Coordinate MCPHS activities for upcoming block (seminar, etc.)

January:

- Continue project work-data collection and analysis
- Determine medication safety activities, MUE and CE program for staff if not already planned
- Review MCPHS activities for Spring Semester
- Begin to prepare materials for teaching rotation
- Begin preparing abstract for Eastern States (verify deadline for submission)
- Finalize remaining rotations
- Coordinate recruitment activities of new residents with RPD

February:

- Participate in interview activities of new residents with RPD
- Continue project work-data collection and analysis
- Make travel arrangements for Eastern States

March:

- Finalize any outstanding project work.
- Begin preparing PowerPoint Presentation for Eastern States
- Present Project summary analysis to RAC
- Review Residency Requirement List and determine what outstanding projects need to be completed
- Complete 3rd Quarter Self-Evaluations and meet with Advisor
- Schedule time with RPD for review of Residency Plan

April:

- Pre-Eastern States project presentation to RAC
- Determine what hospital committees/persons would be targets audience for project presentation

May:

- Eastern States
- Project Manuscript-first draft
- P&T Project Presentation (May or June)

June:

- All Residency Requirements completed by Jun 15.
- Residency Portfolio to RPD by June 15th
- MCPHS presentations
- Complete 4th Quarter Self-Evaluations and meet with Advisor
- Schedule final residency review with RPD

BIDMC Residency Preceptor Self-Assessment 2020-21

The ASHP Accreditation Standards outline the responsibilities of preceptors necessary for accreditation compliance, stating that preceptors serve as role models for learning experiences and they must:

- Contribute to the success of residents and the program;
- Provide learning experiences in accordance with the standards;
- Participate actively in the residency program's continuous quality improvement processes;
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- Adhere to residency program and department policies pertaining to residents and services; and,
- Demonstrate commitment to advancing the residency program and pharmacy services.

In addition to aforementioned requirements, the following Preceptors' Qualifications are essential prerequisites for ASHP Residency Preceptors. Preceptors **must** demonstrate the ability to precept residents' learning experiences as described in the following areas:

- Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
- Demonstrate the ability to assess residents' performance;
- Demonstrate recognition in the area of pharmacy practice for which they serve as preceptors;
- Maintain an established, active practice in the area for which they serve as preceptor;
- Maintain a continuity of practice during the time of residents' learning experiences; and,
- Demonstrate ongoing professionalism, including a personal commitment to advancing the profession.

Instructions: For each preceptor qualification, self-evaluate your practice:

Preceptor Qualifications	Always	Usually	Sometimes	Never
Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating)				
I integrate each of the clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) when precepting				
I ask questions of the residents that promote self-directed learning				
I schedule time during my rotation in order to interact with and directly observe the resident's performance				
Demonstrate the ability to assess residents' performance				
I design the rotation to provide the resident with the experiences necessary to measure his or her performance against the objectives evaluated for the rotation				
I communicate clear expectations for the resident regarding rotation responsibilities, rotation requirements, and deadlines during my rotation				
I provide the necessary opportunities to allow residents to complete all learning objectives required during my rotation				
I provide feedback, (both positive and negative) on a regular basis throughout my rotation				
I encourage the resident to self-evaluate/reflect on his/her own performance				
I complete the resident assessment in a timely manner at the end of each rotation				
Demonstrate practice expertise, preceptor skills, and strive to continuously improve				
I am enthusiastic about my professional responsibilities, including precepting				
I am confident in my expertise in the area in which I am precepting				
I am confident in my skill as preceptor				

Please indicate activities that you have been involved in during the past year which support your qualifications as a preceptor. Examples of types of supporting activities are listed here. This is not an all-inclusive list.

Recognition in the area of pharmacy practice for which you serve as preceptor. **Preceptors must have one of the following:**

Examples:

- **BPS certification**
- **Fellow at a state or national level organization**
- **Active Multidisciplinary Certification (s)**
 - Certificate of Completion from a state or nationally available program that relates to the area of practice in which they precept (e.g., Epic Willow certification, Six Sigma/LEAN Six Sigma certification, ISMP sponsored Medication Safety certificate, ASHP sponsored certificates). Health-system/local residency site based programs are excluded.
 - Validated certification that results from an exam by the organization providing certification
 - Pharmacy related certification recognized by Council on Credentialing in Pharmacy(CCP) [Council on Credentialing](#)
 - Other examples include: Certified Professional in Patient Safety (CPPS), Certified Diabetes Educator(CDE)
 - Exceptions to the list **that do not meet this domain** are ACLS, PALS and BLS
- Post-Graduate Fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g., MBA, MHA)
- Formal recognition by peers as a model practitioner
 - Pharmacist of the year-recognized at state, city or institutional level where only one individual is recognized
 - Patient care, quality or teaching excellence-recognition at organization level(not internal to pharmacy department only) for an initiative that resulted in positive outcomes for all patients that either was operational, clinical or educational in nature)
- Credentialing and privileging granted by the organization/practice/health system with ongoing process of evaluation and/or peer review
- Subject matter expertise as demonstrated by ten or more years of practice experience in the area of practice in which they precept
 1. **Active practice is defined as maintaining regular and on-going responsibilities for the area where the pharmacist serves as a preceptor** (may be part-time but must be actively engaged). Other aspects of active practice may include:
 - a. Contribution to the development of clinical or operational policies/guidelines or protocols in the practice site
 - o Contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site
 - o Active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc.
 - o Demonstrated leadership within the practice area

Demonstration of ongoing professionalism, including a personal commitment to advancing the profession. Examples are listed below. List:

At least 3 activities in the last 5 years:

- o Serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations).

List Certification; Credentialing; Peer Recognition; Practice Contributions; Leadership Activities with dates:

- Presentation/poster/publication in professional forums
- Poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state, or national)
- Active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work)
- Active community service related to professional practice (e.g., Free Clinic, medical mission trips)
- Evaluator at regional residency conferences or other professional meetings
- Routine in-service presentations to pharmacy staff and other health care professionals
- Primary preceptor for pharmacy students
- Pharmacy technician educator
- Completion of a Teaching and Learning Program
- Providing preceptor development topics at the site
- Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock, or practitioner surveyor)
- Contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
- Publication of original research or review articles in peer-reviewed journals or chapters in textbooks
- Publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences
- Teaching of pharmacy students or other health care professionals (e.g., classroom, laboratory, in-service)
- Active involvement on committees within enterprise (e.g., work impacts more than one site across a health system)

Implemented changes/improvements to the residency program during the past year:

:

How do you plan to improve your rotation during the following year?

List Preceptor Development CE/other preceptor development activities you have completed in the past 12 months

Preceptor Signature

Date

RPD Signature

Date

RPD Plan for Preceptor Development:

Draft Resident Rotations 2020-21

Date	Resident 1	Wks	Date	Resident 2	Wks	Date	Resident 3	Wks	Date	Resident 4 Dema Almolaiki	Wks
June 29- July 24	PGY1 Residency Orientation/Training	4	June 29- July 24	PGY1 Residency Orientation/Training	4	June 29- July 24	PGY1 Residency Orientation/Training	4	June 29- July 24	Medication Safety	4
July 27- Aug 21	Pharmacy practice (Medicine)	4	July 27- Aug 28	Core Rotation 1	5	July 27-Aug 28	Core Rotation 1	5	July 27- Aug 28	Core Rotation 1	5
August 24- Sept 25	Core Rotation 1 (Medicine)	5	Aug 31- Sept 25	Pharmacy practice (Medicine)	4	Aug 31- Sept 25	Pharmacy practice (Medicine)	4	Aug 31- Sept 4	Project /Training	1
Sept 28- Oct 2 nd	Project week	1	Sept 28- Oct 2 nd	Project week	1	Sept 28- Oct 2 nd	Project week	1	Sept 7- Oct 9	Core Rotation 2	5/6
Oct 5-Nov 6	Core Rotation 2	5	Oct 5-Nov 6	Core Rotation 2 (Medicine)	5	Oct 5-Nov 6	Core Rotation 2 (Medicine)	5	Oct 12-16	Project Week	1
Nov 9-Dec 4	Medication Safety	4	Nov 9- Dec 4	Elective 1	4	Nov 9- Dec 4	Elective 1	4	Oct 19- Nov 20	Core Rotation 3	5/6
Conference Dec 4-10	ASHP Midyear	1	Conferenc e Dec 4-10	ASHP Midyear	1	Conference Dec 4-10	ASHP Midyear	1	Conferenc e Dec 4-10	ASHP Midyear	1
Dec 14- Jan 1st	Longitudinal Work/ Elective	3	Dec 14- Jan 1st	Longitudinal Work/ Elective	3	Dec 14- Jan 1st	Longitudinal Work/ Elective	3	Dec 14- Jan 1st	Longitudinal Work/ Elective	3
		27			27			27			27
Jan 4- Feb 5	Core Rotation 3	5	Jan 4- Feb 5	Core Rotation 3	5	Jan 4- Feb 5	Core Rotation 4	5	Jan 4- Feb 5	Core Rotation 4	5
Feb 8-12	Project Week	1	Feb 8-12	Project Week	1	Feb 8-12	Project Week	1	Feb 8-12	Project Week/s	1
Feb 15-Mar 26	Teaching	6	Feb 15- Mar 26	Teaching	6	Feb 15-Mar 26	Teaching	6	Feb 15- Mar 26	Teaching	6
Mar 29- April 30	Core Rotation 4	5	Mar 29- April 30	Core Rotation 4	5	Mar 29- April 23	Medication Safety	4	Mar 29- April 30	Core Rotation 5	5
April 25-27	Eastern States		April 25- 27	Eastern States		April 25-27	Eastern States	1	April 25- 27	Eastern States	
May 3-28	Elective 1	4	May 3-28	Elective 2	4	May 3-28	Elective 1	4	May 3-28	Elective 1	4
June 3-25	Elective 2	4	June 3-25	Medication Safety	4	June 3-25	Elective 2	4	June 3-25	Elective 2	4
		25			25			25			

Core Rotations: Medicine, Infectious Diseases, Critical Care (required), Oncology, Solid Organ Transplant, Teaching (required), Cardiology, Oncology
 Elective Rotations: Advanced Critical Care, SICU, TSICU, Antibiotic Stewardship, Management, Medication Safety, Hepatology, Ambulatory Clinics, Emergency
 Medicine

Notes: